

DHHS WAIVER ADVISORY COMMITTEE MEETING MINUTES

Date: March 21, 2012 **Time**: 1:00 pm – 3:00 pm **Location**: McKimmon Center, Raleigh, NC

MEETING CALLED BY		William "Lee" Smith	, Chairman		•	
TYPE OF MEETING DHHS Waiver Adviso		ory Committ	ee (DWAC)			
ATTENDEES						
С	OMMITTEE M	IEMBERS		STA	TE STAFF ATTENDEES	
NAME	AFF	ILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Peggy Terhune	Monarch		\boxtimes	Ken Marsh	LME Support Services	\boxtimes
Margaret Stargell	Coastal Hor	izons Center, Inc.	Call In	Jim Jarrard	DMH/DD/SAS Asst. Dir.	\boxtimes
Jack Naftel, MD	NC Physicia	ns Association	\boxtimes	Kathy Nichols	DMA Waiver Pgms Mgr	
Rosemary Weaver	State		\boxtimes			
Carol Messina	State		\boxtimes			
Susan Monroe	Local					
Marc Jacques	Local					
Deby Dihoff	NAMI					
Ellen Perry	DD					
Cherene Caraco	Mecklenburg	g's Promise				
Lois Cavanagh-Daley	NC CANSO				GUEST	
Arthur C. Wilson	Transylvania	a Co.		NAME	AFFILIATION	PRESENT
William Smith III	Wayne Co.			Beth Melcher for	Rep. Mike Watson	\boxtimes
Brian Ingraham	Smoky Mtn.			Kelli Crosbie for	Rep. Tara Larson, Craigan	\boxtimes
-		,			Gray, Kathy Nichols	
Ken Jones	Eastpointe					
Mike Watson	Deputy Sec.	for Health Srvcs				
Craigan Gray	Director					
Tara Larson	DMA, Chief	C00				
Steve Jordan	Director					
U. Nenna Lekwauwa	Medical Dire	ector	$\boxtimes \top$			
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1. Agenda topic.	Welcome and Approval of Princes	Fieschter(s	J. LCC Simul
Discussion	Minutes approved	_	
	 Invitation for Public to sign up to speak. Three minute 	limit, detailed inform	nation preferred to
	be submitted in writing to the committee.		
Conclusions	N/A		
Action Items		Person(s)	Deadline
		Responsible	
□ N/A			

Presenter(s): Lee Smith

2. Agenda topic: Chair Update/Housekeeping Items Presenter(s): Lee Smith

Z. Agenda topic.	Chair opuate/Housekeeping Items	riesenter(s). Lcc	Jilliul
Discussion	 Committee vacancy for SA Representative. Invitation Suggestions to be submitted by end of next week with the submitted by end of the submitted by end of next week with the submitted by end of the submitted by end	•	•
Conclusions	• *.		
Action Items		Person(s) Responsible	Deadline
□ SA Nominations to be submitted by end of next week		Ken Marsh	3/30/12

3. Agenda topic: General Update PBH Expansion		Presenter(s): Kelly Crosbie	
Discussion	•	Comparison of PBH and Western Highlands activ	ties from January 1, 2012 through
		February 29, 2012. Data reported by both MCOs	nclude # providers enrolled, # grievances,
		turnaround time, # days to pay. Federal turnaroun	d time is 14 days – PBH and WH numbers

well within the timeframes required. Transition hurdles: High Volume of provider applications – leads to payment issues; High volume of new authorization requests – goal is to improve TAT: Adjustment to Care Coordination over Targeted Case Management – goal to be responsive to recipients and families. WH putting more staff in place to help process claims. Both MCOs very responsive to resolving issues. Affected – way entering claims, ability to enter in network WH active two months, PBH active 5 years, please be patient. Observation that numbers represented for grievances appear low. Response: These are the numbers reported by PBH and WH. There are grievances reported at State level which would not be included here. Positive Feedback -Has resulted in closer collaboration with providers. Better connection to consumers through Care Coordination process. Enrollment faster than with CSC Requests/Questions/Comments: Request for further breakdown of data in PowerPoint. Define whether numbers are Has lack of due process played into the data presented? When CABHAs were developed a number of consumers got reassessed and some walked away - Are we losing any folks now? Request for trending information. What are considered clean claims? What are unclean claims? How much is being paid? Small and large providers afraid to complain. Need to resolve. Want more data to determine what is being affected by transition. Request for number enrolled vs how many have applied. Want numbers compared to population. Dr. Lekwauwa requested numbers be broken down to identify inpatient requests. Care Coordination vs. TCM – huge discrepancy in numbers getting care coordination. Who will end up with care coordination – consistency comparing. Request for more information on IDD. Inquiry on B3 Service Definitions

- How did PBH handle psychiatrist
- Peer Support definition
- Request for number of child psychiatrists time to access this.
- Authorizations potential for automatic authorizations. Current clinical authorization timeframes.

Conclusions

Power Point Presentation available on DMA website.

Ac	tion Items	Person(s) Responsible	Deadline
•	Kelly to get information and report back	Kelly Crosbie	4-17-2012
•	Suggestions / Issues for resolving to be brought back to committee.		

4. Agenda topic: Presentation/Updates -CAP/IDD - Innovations Crosswalk Presenter(s): Sandy Ellsworth Deborah Goda

Discussion	 Transitioning from CAP/IDD to Innovations Waiver. Some services will be a bit more flexible within the Innovations waiver. Innovations will have the same entry criteria. Both waivers make allowances for parents or guardians to provide services within limits. LME/MCOs may authorize additional hours.
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	 WH implemented Innovations Waiver 1/3/12 with knowledge of CMS and approval of Department. Advantages and disadvantages of transition discussed. Service array largely the same. Each LME has the ability to pay for services with the 		
	 approval of the State and, if necessary, with Federal approval. Request for Medical Necessity Criteria – defined in Medicaid Clinical coverage policy. Telephonic Care Coordination - Would like to have representatives present, not just on phone. Questioning whether this will work. Response: Quality, services and outcomes to determine whether working. 		
Conclusions	Power Point Presentation available on website.		
Action Items	Person(s) Responsible Deadline		
□ None			

5. Agenda topic: Tracking Log

Presenter(s): Peggy Terhune

5. Agenda topic: Trac	ries	enter(s): Peggy Ternune		
Discussion	 Tracking Log working well, being taken seriously decide when the issues are resolved and/or closs. Item #1 – Kelly to get answer. Item #2 – Peggy to get answer. Item #3 – Billing Systems – four different IT system done and CMHC product – request made to standarditype of IT system used. Have to be compliant with done at this point – Issue Closed. 	y. Trying to address issues. Con ed. stems being used (ALFA CM, Ne ze. Response: State does not m	etsmart, PBH nandate the	
	 Item #4 - Closed Item #5 - MCOs have to follow minimum State Item #6 - Item #7 - Standard for what ICF has to provide for anything that helps them better determine vinformation. 	Response: Basic minimum, LN		
	 Item #8 – defined as provider firewall. Item #9 – Closed – Responsibility of State, not this committee Items 10 Item #11 – No – LMEs have to do own due diligence – approval with one will not carry to another LME. Item #12 – Removed 			
	 Item #13 - Who write PCP if care coordinators Item #14 - #16 - On hold for next DWAC meet Panel assembled to review Tracking Log items a meetings. Results/comments to be distributed a chair panel, Jack Naftel, Ken Jones, Marc Jacque Previous request made to get information from SA or DD. Ellen Perry agreed to develop disability volunteers to assist Ellen. Mark Jacque and Mark have SA representative on Committee by next in Issue raised - Difficulty when receiving services covered when required from another LME. 	ng. nd bring to future DWAC commiter committee review. Peggy Tes volunteered for Panel. this committee out to other are by fact sheets — Committee asked garet Stargell agreed to assist. In eeting who can also assist this	erhune to as regarding d for Hope to group.	
Conclusions Action Items	•	Porcon(s) Posnonsible	Deadline	
	f to DWAC are to update	Person(s) Responsible Ken Marsh/Kathy Nichols	4/17/2011	
 Panel assembled to 	assist with Tracking Log and Outcome Measures to assist with disability fact sheets	/ Shealy Thompson	-1/1//ZUII	

6. Agenda topic: Public Comment Period

Discussion	 Mary Short – IDD Caregiver Voice – Advocacy Group – Opposed to CAP Waiver & Method – Issues with funding based on number of Medicaid Card Holders funding varying month to month on long term services. Believes CAP/DA should not be included in this waiver. Family/Relative providers affected - inability to find daily services, want to know what they are. Also wished to express that there are avenues to complain. Wilda Brown – President of Mental Retardation Services – concerns with DD being in waiver. Feels the waivers are moving too fast – losing budget, staff, control – doing well under the circumstances. Some clients do not take well to change. Being taken out of services they are comfortable with and being sent into community. Due to time constraints, Ms. Brown asked to provide her concerns in writing to Committee. Shelley Barnes – Appeal process to Innovations Transition, Number of grievances seems shockingly low. How are grievances being resolved? Is it considered closed if there is no resolution? Paul Cox Fishman – Shared that sister has been in facility 45 years and is well cared for and very comfortable with the setting. Feels that having to change as a result of the waivers is disruptive to consumers and not well received. Questions raised by Committee member: Provider in WH Network said to be going under. Is this true? NEW MCOs – reports ongoing. Need to determine what data people want to see. Request for pipelining with DWAC Committee/families/consumers – allow equal voice at this committee from families and consumers. Issues to be included in minutes, publicized on web and followed on tracking list. 				
Action Items					
□ Assigned State Staff to DWAC to develop new Q&A Tracking Log from Ken Marsh/ Kathy Nichols 4/17/201					
DWAC Public Hearing Session					
Assigned State S	aff to DWAC to get together to develop agenda items for				

Next Meeting: Wednesday, April 18, 2012, 1:00 p.m. – 3:00 p.m.

